



June 28, 2024

Stella Mandl
Acting Director
Office of Burden Reduction and Health Informatics (OBRHI)
Centers for Medicare and Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

RE: CMS Actions to Increase Administrative Burden on Telehealth Practitioners

Dear Ms. Mandl,

Thank you for your ongoing work to infuse a patient and practitioner focused mindset throughout the Centers for Medicare and Medicaid Services. We write today to call your attention to ongoing decisions by CMS that will dramatically increase administrative burden for both practitioners offering telehealth services and CMS itself.

CMS currently allows telehealth practitioners who offer a telehealth service from their home or another location to report the location in which they can offer in-person care on their billing forms. This continuity in the billing of services while offering more flexible care has enabled telehealth to expand provider capacity, supported patient access to after-hours care from their existing clinicians, and has been a determining factor in the decision of many health care practitioners to remain in the workforce.¹

Unfortunately, this policy is set to expire after December 31, 2024. CMS is considering requiring telehealth providers to begin reporting their home addresses (or other location) for billing purposes if any care is offered from that location. This development will create two significant challenges – 1) a privacy concern on the part of clinicians who are concerned about putting their homes and families at risk and 2) a significant administrative burden in complying with these policies.

Clinicians change their home addresses far more frequently than their practice location. The process to set up a new address for Medicare enrollment forms include registering the clinician's location with Medicare as Group B enrollment, registering the clinician under the health system's taxpayer identification number (TIN), with a practicing address as their Group B enrollment address, and configuring a new EHR location for the individual provider's home address.

In an informal survey of Alliance members, the impact of this policy was profound. It was reported that a change the current status quo resulting in reporting home addresses on billing and enrollment forms would result in 40 times increase in the number of billing addresses tracked and reported to CMS by a health system. Multiple health systems estimated the resulting operational costs of this change at approximately \$1 million in labor. For example:

¹ 78% of health care practitioners agree that retaining the option to provide virtual care from a location convenient to the practitioner would "significantly reduce the challenges of stress, burnout, or fatigue" facing their profession and 8 in 10 say that retaining telehealth for health care practitioners would make them, personally, more likely to continue working in a role with such flexibility. <https://connectwithcare.org/alliance-news/patients-and-practitioners-agree-telehealth-is-important-for-patient-access-health-care-workforce/>

- A system reported that it would take their operations staff around 6 hours of work per provider, per year, to add and maintain an average of three billing addresses per telehealth provider. For a health system with more than 3,300 telehealth clinicians, that results in more than 20,000 hours of additional staff work per year.
- Another system found similar estimates, with more than 4,500 telehealth clinicians resulting in approximately 27,000 staff hours of additional staff work per year.
- It is important to note that CMS itself would also have significant operational costs related to the processing the additional documentation that would be submitted to the agency.

We applaud initial steps by CMS to address these concerns by [updating the CMS-855i form](#) to include a checkbox to denote whether the provider's location address is a home address and the allowance of reporting a P.O. box for purposes of enrollment. However, the administrative burdens associated with home address reporting for billing purposes have still not been addressed, and CMS has not indicated a plan to resolve the significant administrative burdens that will be created by the deployment of significantly more billing location reporting.

For most providers, the logistical processes related to supporting telehealth services are generally the same as in-person services – as the majority of telehealth services are scheduled, managed, and supported by the same support staff working in the facility or medical practice. While we understand and respect CMS' need to protect the Medicare program from bad actors, dramatic expansions in tracking the location of clinicians who provide the most accessible and flexible care for their patients is not the right approach.

We respectfully request that CMS consider making permanent its existing policy allowing a practitioner to bill from their in-person practice location. For providers without an in-person practice location, we request CMS to consider other pathways to billing without requiring the submission of a home address. The administrative burden of changing the current management of Medicare billing and enrollment addresses would substantially increase – increasing burden on both health systems and payers, including Medicare.

Thank you for your consideration of this request. We are concerned that failure to resolve this concern will tarnish one of the greatest silver linings of the past few years – the increased flexibility that has allowed many health care providers to better support patients while also better managing stress and burnout.

We would welcome a meeting to share additional detail and rationale for these concerns further. Please contact Rikki Cheung (rikki.cheung@connectwithcare.org) to schedule a meeting with the membership of the Alliance for Connected Care.

Sincerely,



Chris Adamec
Executive Director
Alliance for Connected Care

Cc: The Honorable Chiquita Brooks-LaSure, Administrator, Centers for Medicare & Medicaid Services

Cc: Meena Seshamani, Director, Center for Medicare, Centers for Medicare & Medicaid Services

Cc: Dara Corrigan, Deputy Administrator and Director, Center for Program Integrity, Centers for Medicare & Medicaid Services